Manufacturer and Product Identification

(Suggested form to comply with 49 CFR Part 566)

Manufacturer's information

All Company DBAs	•: •				
Company Principal Officer	Calton		nris	Canava	Menage
_	Last	_	First	Posi	cion
Company Address: 5:	20 Hast Chestnut Street		<u></u>		
		Street, Suite No P.	O. Box No.		
Blai	irsville	88	Indio	ma 15-	717
Сиу		State/Provi nce	Country	Postal Co	de
	~ \				
Company Contact Info	(800) 336-056	2 724-450	1-0866	ccottone	<u>dlubaksg</u>
	Telephone	Facsimile		E-mail	_
	B. www	ubakg/o	455. CoM		
	We	eb Site			
Submitted by Company	y Novi A -		a - 1-1	. «Na	
Official	Mark A 3 Printed Name	<u> </u>	Company Position		
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What Type of Vehicle Manufacturer or Alterer is Your company? (check all that apply)

C	Completed Vehicle Manufacturer - a manufacturer of vehicles that require no further manufacturing operations to perform their intended function
)	Incomplete Vehicle Manufacturer - a manufacturer of incomplete vehicles, as defined above
C	Intermediate Manufacturer- a manufacturer (other than the incomplete vehicle manufacturer or the final-stage manufacturer) who performs manufacturing operations on a vehicle manufactured in two or more stages
)	Fmai-Stage Manufacturer - a manufacturer who performs such manufacturing operations on an mcomplete vehicle that it becomes a completed vehicle
)	Alterer -a person who alters by addition, substitution, or removal of components (other than readily attachable components). 🖚 vehicle before the
	first purchase of the vehicle other than for resale
	Instructions for Completing, Revising, and Submitting, Your Information

49 CFR Part 566 regwres that a manufacturer of motor vehicles and regulated motor vehicle eqwipment items submit to NHTSA not later than 30 days after manufacturing begins. Information about the company and the products it manufactures. This suggested form with assist a manufacturer to comply with Part 566. Please complete the form by typing or clearly printing. Eac/1 manufacturer who has submitted this information must keep its entry current accurate and complete by submitting revised information not later than 30 days after tire relevant changes in its business occur.

Mailitle completed form to: Attention: VIN Coordinator NatiOnal Highway Trame Safety Administration 1200 New Jersey Avenue, SE West Building, Room W45-2d5 Washington, DC 20590 Fax: 202-386-3081